

2018 MIPS Reporting

Obstetrics/Gynecology



Quality Reporting Requirements:

- Report on 6 quality measures or a specialty measure set
- Include at least ONE outcome or high-priority measure
- Report on patients of All-Payers (Medicare and Non-Medicare patients)

Specialty Measure Set (27):

- **047:** Care Plan – **High Priority**
- **048:** Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older
- **050:** Urinary Incontinence: Plan of Care for Urinary Incontinence in Women Aged 65 Years and Older – **High Priority**
- **110:** Preventive Care and Screening: Influenza Immunization
- **112:** Breast Cancer Screening
- **128:** Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan
- **130:** Documentation of Current Medications in the Medical Record – **High Priority**
- **226:** Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
- **236:** Controlling High Blood Pressure – **Outcome, High Priority**
- **265:** Biopsy Follow-Up – **High Priority**
- **309:** Cervical Cancer Screening
- **310:** Chlamydia Screening for Women
- **317:** Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented
- **369:** Pregnant women that had HBsAg testing
- **374:** Closing the Referral Loop: Receipt of Specialist Report – **High Priority**
- **402:** Tobacco Use and Help with Quitting Among Adolescents
- **418:** Osteoporosis Management in Women Who Had a Fracture
- **422:** Performing Cystoscopy at the Time of Hysterectomy for Pelvic Organ Prolapse to Detect Lower Urinary Tract Injury – **High Priority**
- **428:** Pelvic Organ Prolapse: Preoperative Assessment of Occult Stress Urinary Incontinence
- **429:** Pelvic Organ Prolapse: Preoperative Screening for Uterine Malignancy – **High Priority**
- **431:** Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling
- **432:** Proportion of Patients Sustaining a Bladder Injury at the Time of any Pelvic Organ Prolapse Repair – **Outcome, High Priority**

2018 MIPS for Obstetrics/Gynecology

- **433:** Proportion of Patients Sustaining a Bowel Injury at the time of any Pelvic Organ Prolapse Repair – **Outcome, High Priority**
- **434:** Proportion of Patients Sustaining a Ureter Injury at the Time of any Pelvic Organ Prolapse Repair – **Outcome, High Priority**
- **443:** Non-Recommended Cervical Cancer Screening in Adolescent Females – **High Priority**
- **447:** Chlamydia Screening and Follow Up
- **448:** Appropriate Work Up Prior to Endometrial Ablation – **High Priority**

Additional Measures:

- **001:** Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%) – **Outcome, High Priority**
- **039:** Screening for Osteoporosis for Women Aged 65-85 Years of Age
- **111:** Pneumococcal Vaccination Status for Older Adults
- **113:** Colorectal Cancer Screening
- **119:** Diabetes: Medical Attention for Nephropathy
- **134:** Preventive Care and Screening: Screening for Depression and Follow-Up Plan
- **204:** Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic



Promoting Interoperability (PI) Reporting Requirements:

- Report on ALL required base measure to earn any credit for PI
- To satisfy base score requirements, clinicians must submit a numerator of at least 1 or answer Yes
- Report on additional performance measures or bonus measure to increase your PI Score

PI Base Score Measures:

PI Objectives and Measure Set (2015 CEHRT)	2018 PI Transition Objectives and Measure Set (2014 or 2015 CEHRT)
<ul style="list-style-type: none">○ Security Risk Analysis○ e-Prescribing*○ Provide Patient Access○ Send a Summary of Care*○ Request/Accept Summary of Care*	<ul style="list-style-type: none">○ Security Risk Analysis○ e-Prescribing*○ Provide Patient Access○ Health Information Exchange*

*Exclusion available for measure if denominator is less than 100 patients or occurrences



15%

Improvement Activities (IA) Reporting Requirements:

- Attest to up to 4 activities for a minimum of 90 days
- Choose one of the following combinations:
 - 2 High Weighted Activities
 - 1 High Weighted Activity and 2 Medium Weighted Activities
 - 4 Medium Weighted Activities

Medium Weighted:

- Implementation of documentation improvements for practice/process improvements
- Collection and use of patient experience and satisfaction data on access
- Care transition documentation practice improvements
- TCPI Participation
- Implementation of medication management practice improvements – **EHR Bonus**
- Annual registration in the Prescription Drug Monitoring Program
- Engagement of patients through implementation of improvements in patient portal – **EHR Bonus**
- Implementation of improvements that contribute to more timely communication of test results
- Engagement of Patients, Family, and Caregivers in Developing a Plan of Care – **EHR Bonus**
- Chronic Care and Preventative Care Management for Empowered Patients – **EHR Bonus**
- Practice Improvements for Bilateral Exchange of Patient Information – **EHR Bonus**
- Implementation of practices/processes for developing regular individual care plans – **EHR Bonus**
- Participation in an AHRQ-listed patient safety organization.
- Participation in Joint Commission Evaluation Initiative

High Weighted:

- Engagement of New Medicaid Patients and Follow-up
- Engage Patients and Families to Guide Improvement in the System of Care – **EHR Bonus**
- Participation in the CMS Transforming Clinical Practice Initiative
- Provide 24/7 Access to MIPS Eligible Clinicians or Groups Who Have Real-Time Access to Patient's Medical Record – **EHR Bonus**
- Consultation of the Prescription Drug Monitoring Program



Cost Reporting:

- CMS calculate Cost measures using administrative claims data if a clinician or group meets the cases minimum for attributed patients
- Individuals and Groups are not required to SUBMIT any additional information for the cost category

Cost Measures:

Medicare Spending Per Beneficiary (MSPB):

- The Medicare Spending per Beneficiary (MSPB) clinician measure assesses the cost to Medicare of services performed by an individual clinician during an MSPB episode, which comprises the period immediately prior to, during, and following a patient's hospital stay.

Total Per Capita Costs for All Attributed Beneficiaries (TPCC):

- The Total Per Capita Costs for All Attributed Beneficiaries (TPCC) measure is a payment-standardized, annualized, risk-adjusted, and specialty-adjusted measure that evaluates the overall cost of care provided to beneficiaries attributed to clinicians, as identified by a unique Taxpayer Identification Number/National Provider Identifier (TIN-NPI).